

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) People for Pinellas			FEC IDENTIFICATION NUMBER ▼ C C00582239		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>					
Full Name of Payee Election Connections, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">28</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>		
Mailing Address P. O. Box 10866			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">927.48</div>		
City Tallahassee	State FL	Zip Code 32302	Transaction ID : SE.4323		
Purpose of Expenditure telephone calls		Category/ Type <div style="border: 1px solid black; padding: 2px;"></div>	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate Jolly, David W., , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Election Connections, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">29</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>		
Mailing Address P. O. Box 10866			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">969.84</div>		
City Tallahassee	State FL	Zip Code 32302	Transaction ID : SE.4325		
Purpose of Expenditure telephone calls		Category/ Type <div style="border: 1px solid black; padding: 2px;"></div>	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate Crist, Charlie Joseph, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1897.32
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	1897.32

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Watkins, Michael, I., ,

Signature

[Electronically Filed]

Date

10

30

2016